



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

FILED
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SANDY COUNTY CLERK
MICHIGAN

FOR OFFICIAL USE ONLY

This Statement covers From: 10/22/07 To 11/26/07

1. Committee I.D. Number

137802

2. Committee Name

Macomb Business United

4. Committee's Mailing Address

32068 Margaret Court
Warren, MI 48093

Area Code and Phone (586) 413-6868

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Gust Ghanam
32068 Margaret Court
Warren, MI 48093

Area Code and Phone (586) 413-6868

6. Treasurer's Business Address

N/A

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Gust Ghanam
32068 Margaret Court
Warren, MI 48093

Area Code and Phone (586) 413-6868

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☒ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☒ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

11/06/07

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/We certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Gust Ghanam

Designated Record Keeper

Type or Print Name

Signature

Date 12/18/07



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137802

2. Committee Name Macomb Business United

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>0.00</u>	(18.) \$ <u>29,500.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$	<u>0.00</u>	(20.) \$ <u>29,500.00</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	<u>11,564.96</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	<u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	<u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	<u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>11,564.96</u>	(22.) \$ <u>33,646.80</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	<u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>11,564.96</u>	(24.) \$ <u>33,646.80</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7,418.16</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>7,418.16</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	<u>11,564.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>4,146.80</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 137802
2. Committee Name Macomb Business United

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Manhattan Printers & Mailers 51132 Milano Drive Macomb, MI 48042	5. James Fouts Name of Candidate Warren City Mayor Office Sought & District # or Jurisdiction Macomb County	10/25/07 Date	\$ 2,006.96	\$ 6,037.38
4. Purpose: <u>"A Glimpse of the Future" mailing/Postage</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address: Lithographics Printing, Inc. 19361 E. Ten Mile Roseville, MI 48066	5. James Fouts Name of Candidate Warren City Mayor Office Sought & District # or Jurisdiction Macomb County	10/31/07 Date	\$ 2,809.00	\$ 8,166.00
4. Purpose: <u>"Clean Sweep" Literature</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #3 Name & Address: Manhattan Printers & Mailers 51132 Milano Drive Macomb, MI 48042	5. James Fouts Name of Candidate Warren City Mayor Office Sought & District # or Jurisdiction Macomb County	11/01/07 Date	\$ 4,949.00	\$ 10,986.38
4. Purpose: <u>"Clean Sweep" mailing/postage</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #4 Name & Address: Mainstreet Strategies 5859 W. Saginaw Hwy. Lansing, MI 48917	5. Name of Candidate Office Sought & District # or Jurisdiction County	11/23/07 Date	\$ 1,500.00	\$ 1,500.00
4. Purpose: <u>Consultants</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		

Subtotal this page **\$11,264.96**

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 9 of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137802
2. Committee Name Macomb Business United

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Friends of Carey Torrice 32059 Utica Road Fraser, MI 48026	5. <u>Carey Torrice</u> Name of Candidate <u>County Commissioner</u> Office Sought & District # or Jurisdiction <u>Macomb</u> County	<u>11/23/07</u> Date	<u>\$300.00</u>	<u>\$300.00</u>
4. Purpose: <u>Contribution</u>	<input checked="" type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement		
Expenditure #2 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____	<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement		
Expenditure #3 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____	<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement		
Expenditure #4 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____	<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement		

Subtotal this page **\$300.00**

Grand Total of all Schedules 2B
(Complete on last page of Schedule) **\$11,564.96**

Enter this total
on line 9 of the
Summary Page